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November 10, 2003

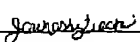
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GROUP: 1635**FAX NUMBER: 1-703-872-9307****ATTORNEY DOCKET NO.: RTS-0250****SERIAL NO.: 09/954,556****FILED: September 14, 2001****NUMBER OF PAGES: 18**
(including this sheet)**MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate) and
Amendment in Response to Final Rejection dated August 26, 2003.****URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

* * * * *

If you have any questions, or did not receive the proper number of pages, or had trouble
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. RTS-0250	
Applicant(s): Monia et al.					
Serial No. 09/954,556	Filing Date September 14, 2001	Examiner Terra C. Gibbs		Group Art Unit 1635	
Invention: ANTISENSE MODULATION OF FIBROBLAST GROWTH FACTOR RECEPTOR 2 EXPRESSION					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 _____ Signature			Dated: November 10, 2003		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		
CC:					

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<p><i>Jane Massey Licata</i> _____ Signature</p> <p>Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</p>			<p>Dated: November 10, 2003</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>		

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